MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10717

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.
STREET ADDRESS (If rural, give location) Pitts St.

3. NAME OF DECEASED (Type or Print) (First) GORDON (Middle) CHARLES (Last) BOWEN
4. DATE OF DEATH (Month) OCT. (Day) 23 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 5, 1878
9. AGE last birthday 72 yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES H. BOWEN
14. MOTHER'S MAIDEN NAME ELIZABETH HENMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NW (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Gordon C. Bowen.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260 x	Immediate cause	(a) Coronary Heart Disease c̄	4 yrs
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis & Pulmonary Edema	10 min.
		(c) Diabetes Mellitus	12 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis c̄ Decubitus Ulcers bathyfeet. 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 23 Oct, 1950, that I last saw the deceased alive on 23 Oct, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmanuel Lubbins M.D. ADDRESS 5 Bay St Berlin Md DATE SIGNED 25 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 10/27/50
NAME OF CEMETERY OR CREMATORY Methodist Protestant
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 10-27-50
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna D. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 2 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10718

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) over 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (NOTE) OF DECEASED: STATE Snow Hill COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Park Row

3. NAME OF DECEASED (Type or Print) (First) Wm. (Middle) John (Last) Fowler
4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 24 1859
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank teller
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (State or foreign country) Spring Hill Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Fowler
14. MOTHER'S MAIDEN NAME Mary Katherine Cathell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT (Mary D. Fowler) Its wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH D.K.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 strokes within last 10 yrs. Hip broken 7 to 8 yrs ago

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. N. E. Bartonius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 10/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 17/50
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 10/16/50
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alan Emmons Snow Hill ADDRESS Md

2668V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10719

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCEAN CITY
LENGTH OF STAY (In this place) 18 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCEAN CITY.
STREET ADDRESS (If rural, give location) BOARD WALK

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALEXANDER	MITCHELL	JACKSON	OCT.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOW	12/9/1878	71 yrs.	10	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LAWYER.		PRINCIPIO FURNACE, MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE R. JACKSON	JENNIE MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NO	Mr. LEE JACKSON, OCEAN CITY MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia - Rt Lung	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio renal disease	4 years
	(c) Diabetes Mellitus	6 yrs

260X
61

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1946, to Oct 21, 1950, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nathaniel R. Shannon MD	Ocean City, MD	22 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/23/50	PARSONS	SALISBURY MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-23-50	Helen F Hayward	ANNA A. BURBAGE BERLIN, MD

25693

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 25 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

10720

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
LENGTH OF STAY (In this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Johnson

4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 11 1855

9. AGE last birthday 94 11 25 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Snow Hill Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Trader

14. MOTHER'S MAIDEN NAME Mariah Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Robert W. Johnson Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Degeneration — Interval between onset and death: 7

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4/22, 2
93d

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct, 1950, that I last saw the deceased alive on Oct, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE C. E. Critcher (Degree or title) ADDRESS New Curch, Va DATE SIGNED 10/6/50

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE Oct. 1950 | NAME OF CEMETERY OR CREMATORY Bethel Cem. | LOCATION (City, town, or county) near Snow Hill | (State) Md

DATE REC'D BY LOCAL REG. 10/7/1950 | REGISTRAR'S SIGNATURE LeRoy Smith. | 24. FUNERAL DIRECTOR Wray & Bonnie | ADDRESS Snow Hill, Md

C. E. Critcher, New Curch, Virginia.

RECEIVED
OCT 11 1950
BUREAU V. S

10721

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton, Rural #1 — LENGTH OF STAY (in this place): 11 mo 6 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton Rural # 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Irma	(Middle) L	(Last) Jones	4. DATE OF DEATH	(Month) Oct. (Day) 17 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Nov. 11 - 1949	9. AGE last birthday: 11 mo 6 Days	If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: ✓	11. BIRTHPLACE (State or foreign country): Stockton, Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: LeRoy Townsend	14. MOTHER'S MAIDEN NAME: Marie Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: No	17. INFORMANT AND ADDRESS: Marie Jones Stockton, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Broncho-pneumonia — 4 days

491X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1950, to Oct. 17, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert L. LaMar	M.D.	Snow Hill	10-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Oct. 18/50	NAME OF CEMETERY OR CREMATORY: St. Paul	LOCATION (City, town, or county) (State): Stockton Md
DATE REC'D BY LOCAL REG.: Oct. 18 1950	REGISTRAR'S SIGNATURE: Mary M. Taylor	24. FUNERAL DIRECTOR: Clay E. Smith	ADDRESS: Snow Hill Md

1-0-X-11-9-19-2-40 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1950
BUREAU F.

10722

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City.
STREET ADDRESS (If rural, give location) 6th St.

3. NAME OF DECEASED (Type or Print) (First) GERTRUDE (Middle) (Last) LARSON
4. DATE OF DEATH (Month) OCT (Day) 2[illegible] (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 13, 1893
9. AGE last birthday 57 yrs. If under 1 year Months 3 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ocean City Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas Powell
14. MOTHER'S MAIDEN NAME Annie T. Truitt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Annie T. LARSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1½ hours

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct, 1950, to 23 Oct, 1950 that I last saw the deceased alive on 23 Oct, 1950 and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE Nathaniel R. Thomas (Degree or title) MD ADDRESS Ocean City DATE SIGNED 25 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/25/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 10-25-50
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 30 1950
BUREAU V. S

VITAL STATISTICS

CERTIFICATE OF DEATH

BIRTH NO. — BOARD OF HEALTH — STATE FILE NO. 353 0723

1. PLACE OF DEATH
a. COUNTY: Worcester
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Bishop R.F.D.
c. LENGTH OF STAY (in this place): —
d. FULL (If not in hospital or institution, give street address or location) NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Maryland
b. COUNTY: Worc.
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Bishop
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Sharon
b. (Middle): Lee
c. (Last): Megee

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1950.

5. SEX: F
6. COLOR OR RACE: W
7a. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
7b. NAME OF HUSBAND OR WIFE: Infant

8. DATE OF BIRTH: September 14, 1950
9. AGE (In yrs. last birthday): IF UNDER 1 YR. Months: 1 Days: 6 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lewes, Del.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Vernon L Megee
14. MOTHER'S MAIDEN NAME: Beatrice Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (War or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S NAME AND ADDRESS: Mrs Beatrice Bunting Bishop Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which ceused death.)

(a) Circulatory Failure — Interval Between Onset and Death: 1 wk

Due to

(b) Congenital Heart Disease — 1 mo.

Due to Inter-ventricular Septal Defect. Pulmonic valve stenosis.

(c)

754.7

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (a) stating the UNDERLYING CONDITION last.

157e

II

OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. Anomaly of great vessels. — 1 mo.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Oct 19, 1950, that I last saw the deceased alive on Oct 19, 1950, and that death occurred at 10:00 A.m. from the causes and on the date stated above.

23a. SIGNATURE: James Beebe Jr. M.D.
23b. ADDRESS: Lewes, Del.
23c. DATE SIGNED: 10/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 22, 1950
24c. NAME OF CEMETERY OR CREMATORY: IOOF
24d. LOCATION (City, town, or county) (State): Bishopville Md.

DATE REC'D BY LOCAL REG.: Oct 21, 1950
REGISTRAR'S SIGNATURE: H. Roy Bergey BFV
25. FUNERAL DIRECTOR — ADDRESS: M. Pasha Watson Selbyville

MARGIN RESERVED FOR BINDING

This is a permanent record. The spaces are arranged for typewriter use. Please fill out with typewriter (except signatures) or write plainly with unfading black ink. Every item of information should be carefully supplied. Age should be stated exactly; if unknown, give approximate age. Physicians should state cause of death in plain terms if possible, so that it may be properly classified. Exact statement of occupation is important and must not be omitted.

RECEIVED
OCT 26 1950
BUREAU V. M.

10724

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LIZZIE (Middle) (Last) PALMER

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH About 1900

9. AGE last birthday 50 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Girdletree, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME John Ward

14. MOTHER'S MAIDEN NAME Ellen Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 years

443X Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Several years

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct., 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 900 m., from the causes and on the date stated above.

SIGNATURE Charles W. Trader (Degree or title) MD ADDRESS Pocomoke City, Md DATE SIGNED Nov. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Nov. 4. 1950 NAME OF CEMETERY OR CREMATORY Home Cemetery LOCATION (City, town, or county) Stockton Md (State)

DATE REC'D BY LOCAL REG. Nov. 4 1950 REGISTRAR'S SIGNATURE Mary M. Taylor

24. FUNERAL DIRECTOR Irvine Bess ADDRESS Stockton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10725

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Front St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; STREET ADDRESS (If rural, give location) Front St.

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) B. (Last) POWELL

4. DATE OF DEATH: (Month) (Day) (Year) Oct 24, 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 21 1861

9. AGE last birthday: 89 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Powell

14. MOTHER'S MAIDEN NAME: Amelia Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 3920 Youlando Rd. Corlene Hedeman, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 10 years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct 24, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 7.15 P m., from the causes and on the date stated above.

SIGNATURE E. E. Pitcher (Degree or title) ADDRESS Pocomoke City, Md. DATE SIGNED 10-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Oct 28 1950; NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery; LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: Oct. 27, 1950; REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson, ADDRESS: Pocomoke City, Md.

52086

RECEIVED
OCT 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10726

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) L (Last) Purnell

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 2-14-1877

9. AGE last birthday 73 yrs. If under 1 year: Months 8, Days 0, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, farm hand - farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ballw, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William Purnell

14. MOTHER'S MAIDEN NAME Liggie Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Mr. Floyd Purnell Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	?
443x Antecedent cause(s)	(b) Myocarditis	?
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension - Chr. Nephritis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1950, to Oct 14, 1950, that I last saw the deceased alive on Oct 1, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I. F. O'Donnell M.D. Berlin Md Oct 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10-18-50

NAME OF CEMETERY OR CREMATORY Davis Cemetery

LOCATION (City, town, or county) Snowpuxent (State) Md.

DATE REC'D BY LOCAL REG. 10-16-50

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR James B. Dashiell ADDRESS Salisbury, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1950
BUREAU OF S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10727

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City — LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McMichael St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
STREET ADDRESS (If rural, give location): McMichael St.

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) L. (Last) PUSEY
4. DATE OF DEATH: (Month) Oct 1, (Day) 1950 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 24, 1872
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Jackson Pusey
14. MOTHER'S MAIDEN NAME: Mary Ellen Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 216-10-3967
17. INFORMANT AND ADDRESS: Mrs Page Mariner, Pocomoke City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 wks.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerotic Cardio-Vasc. Dis. — 7 yrs

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19__, to Oct. 1, 1950, that I last saw the deceased alive on Oct. 1, 1950, and that death occurred at 12 25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis G. Llewelyn, M. D. — ADDRESS: Pocomoke City, Md — DATE SIGNED: 10/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 3, 1950 — NAME OF CEMETERY OR CREMATORY: Salem M E Cemetery — LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: Oct. 3, 1950 — REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke City Md.

30849

RECEIVED
OCT 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10728

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree
LENGTH OF STAY (in this place): 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) TEAGLE

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 22-1909

9. AGE last birthday: 41-0-5 yrs. — If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Girdletree, Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Taylor

14. MOTHER'S MAIDEN NAME: Mary E. Collick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. William Teagle, Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema (anasarca)	2 days
441 X Antecedent cause(s)		
93 2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Cardiac Failure	9 mos.
	(c) Malignant Hypertension	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Oct. 27, 1950, that I last saw the deceased alive on Oct 25, 1950, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE: Robert L. La Mar — (Degree or title): Md. — ADDRESS: Snow Hill — DATE SIGNED: 10-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 29/50 — NAME OF CEMETERY OR CREMATORY: Coulbourn — LOCATION (City, town, or county): Girdletree — (State): Md

DATE REC'D BY LOCAL REG.: 10/28/50 — REGISTRAR'S SIGNATURE: R. Ray Smith

24. FUNERAL DIRECTOR: Wray E. Timmis — ADDRESS: Snow Hill, Md

RECEIVED
NOV 1 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

10729

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): R F D St Martins

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) Wilhelmenia (Last) Fleming

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Dec. 23, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months 10 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Newport, Kentucky

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Edward Otto.

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Lula Willinger, Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

INTERVAL BETWEEN ONSET AND DEATH

443x **Immediate cause** (a) Myocarditis, Chronic — 7 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

934 (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Phlebitis left femoral vein

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Day of Death, 1950, that I last saw the deceased alive on 10-3-50, 19..., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank R. Lewis M.D. Willards Maryland 10-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/6/50

NAME OF CEMETERY OR CREMATORY: St. Pauls

LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 10-6-50

REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR ADDRESS: Anna A Burbage Berlin Md

RECEIVED
OCT 9 1990
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10730

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (in this place) 19 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) H. (Last) Tilghman

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16 1875

9. AGE last birthday: 65 3/5 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Salisbury, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. Freeny

14. MOTHER'S MAIDEN NAME: Sallie E. Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 96-05-6553

17. INFORMANT AND ADDRESS: Mr Alvin E. Tilghman Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia & Malnutrition — Interval Between Onset and Death: 3 Mos.

154X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum & metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-6-50

19b. MAJOR FINDINGS OF OPERATION: Abdominal Carcinomatosis - Generalized

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 10-21, 1950, that I last saw the deceased alive on 10-19-, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: Geo. H. La Mar (Degree or title) M.D. ADDRESS: Snow Hill DATE SIGNED: 10-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Oct. 23/50 NAME OF CEMETERY OR CREMATORY: Parson LOCATION (City, town, or county): Salisbury (State): Md

DATE REC'D BY LOCAL REG. 10/23/50 REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Ellay E. Timmis ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10731

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) W. (Last) Wonnell

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 3/1870
9. AGE last birthday 80/6/24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Wonnell
14. MOTHER'S MAIDEN NAME Mary Ann Baunds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Miss Mary Wonnell, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	2 days
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	5 yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 7:00 p m., from the causes and on the date stated above.

SIGNATURE Robert L. La Mar (Degree or title) M.D. ADDRESS SNOW HILL DATE SIGNED 10/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 30/50
NAME OF CEMETERY OR CREMATORY Baunds
LOCATION (City, town, or county) Snow Hill, (Rural) (State) Md

DATE REC'D BY LOCAL REG. 10/28/50
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Olay Dennis Snow Hill ADDRESS Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 1 1950
BUREAU V. M

10732

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3.55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Berlin
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lemon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Mariners

3. NAME OF DECEASED (Type or Print): (First) EMERSON (Middle) LEE (Last) WYATT

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 4, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Marine Construction

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Wyatt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lemon Nursing Home--Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Degenerative Myocarditis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis, generalized	20 yrs
442x 131a	(c) Cardio vascular renal collapse	1 week.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, deformans — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 11 Oct, 1950, that I last saw the deceased alive on 10 Oct, 1950, and that death occurred at 2.30 A. m., from the causes and on the date stated above.

SIGNATURE: Keaman A. Robbins M.D. (Degree or title) ADDRESS: 5 Bay St. Berlin, Md. DATE SIGNED: 10/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 15 1950

NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 10-16-1950

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS: Crisfield

15-V9

RECEIVED
OCT 18 1950
BUREAU V. S